

## KANSAS SECRETARY OF STATE Not-For-Profit Corporation Certificate of Amendment Instructions

## **Kansas Office of the Secretary of State:**

Memorial Hall, 1st Floor 120 S.W. 10th Avenue Topeka, KS 66612-1594 (785) 296-4564 kssos@sos.ks.gov www.sos.ks.gov The following form **must be complete** and accompanied by **the correct filing fee** or the document will **not** be accepted for filing.

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	Filing fee	The filing fee for this document is \$20.					
□ Payment		Please enclose a check or money order payable to the Secretary of State. Forms received without the appropriate fee will not be accepted for filing. Please do not send cash. <b>NOTICE:</b> There is a \$25 service fee for all checks returned by your financial institution. Also, to expedite processing, please do not use staples on your documents or to attach checks.					
	Signature	This amendment requires the signature of an authorized officer.					

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## KANSAS SECRETARY OF STATE **Not-For-Profit Corporation Certificate of Amendment**

## Kansas Office of the Secretary of State:

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120	morial Hall, 1st Floor S.W. 10th Avenue Jeka, KS 66612-1594	(785) 296-4564 kssos@sos.ks.gov www.sos.ks.gov				тніѕ	SPACE FOR (	DFFICE USE ON	LY.
■ T	his form must be complete	and accompanied by the	corr	ect filing fee	or tl	he document wil	I not be a	ccepted for	filing.
1.	Business entity ID number Not Federal Employer ID								
	Number (FEIN).								
2.	Name of corporation  Must match name on record with Secretary of State.								
3.		ation are amended as fo							
4.	The amendment was ad	lopted in accordance wit	th th	e provision	s of	f K.S.A. 17-6602	2, 17-1608	, or 17-730	)2.
5.	Effective date	☐ Upon filing		Future effective	re da	te:	Month	Day	Year
				41	. 17 -				
6.	that I have remitted the	of perjury under the law required fee.	s of	the state of	Ка	nsas that the fo	oregoing i	s true and	correct, and
Signa <b>X</b>	ture of Authorized Officer						Month	Day	Year
Name	of Signer (printed or typed)								